	PATENT /	APPLICATIO Effect	ID.	09852965								
		CLAIMS A	FILED - (Column		i (Colu	SW	SMALL ENTITY		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			102				F	ATE	FEE		RATE	FEE
FOR			NUMBER FILEO		NUMBER EXTRA		BA	IC PE	355,00	RO	Basic Pre	710.00
TOTAL CHARGEABLE CLAIMS.			107 min	us 20=	1: 10	104.87		\$ 9-	۰	OH	X\$18-	1872
INDEPENDENT CLAIMS			18 minus 3 5			15	X40=			OR	ХВО	1200
MULTIPLE DEPENDENT CLAIM R			RESENT				+135=			iggo	1	
*If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		ОЯ	+270=	= 1/22
								JIAL	-	OR	TOTAL	3865
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	ALL	ENTITY	OR	SMALL	
MENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER OUSLY	PRESENT . EXTRA	R	AŢĒ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	. 42	Minus	-10	7	- Ø.	X	\$ Qa		OR	X\$18∞	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1.	35=		OR	+270=	
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(Column 1) (Column 2) (Column 3)								IT, FEE	-	iou	addit. Fee	
MENDMENT B		(Column 1)		HIGH	JEST	(Column 3)			ADDI-	ŀ		ADDI-
		remaining After Amendment		NUM PREVI PAID	CUBLY	PRESENT EXTRA	Ŕ	ATE	TIONAL		PATE	TIONAL
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0		CLAINS. REMAINING	2	HIGH		PRESENT	İ		ADDI-		,	ADDI-
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	independent	10	Minus	***	18		X	10=	•	OR	X80≈	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.					-	35u			1070-		
	If the entry in column 1 is less than the entry in column 2, write "O" in column 3,									OR	+270=	
"If the Titisheet Atumber Previously Paid For IN THIS SPACE lesions than 20, enter 20." April 555												
"If the Telchest Number Previously Paid For" INTHIS SPACE is test than 3, enter 3."  The Telchest number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

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Application or Docket Number

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